## EXHIBIT C

	PRC	OF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage company	06-/	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers  This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
Boyce 1989 Trust Dated 6/12/89 % Kathleen A. Boyce, Trustee		Check box if you have never received any notices		
16865 Rue Du Parc		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
Reno, NV 89511-4575		Check box if this address differs from the address on the envelope sent to you by the	If you have air	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( )		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S (		Unremitted principal
Goods sold Personal injury/wrongful death		alanes and compensation (f		Other claims against servicer
Services performed Taxes		digits of your SS #		(not for loan balances) See Eich b A
Money loaned	Unpaid c	ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED 17705	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b)	vous claim	Check this box if yo	ur claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo		a nght of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description of	collateral	_
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate L	J Motor Vehicle	e LI Other
Amount entitled to priority \$ 3,04,300			ad other charges	at time case filed included in
Specify the priority of the claim		secured claim if any \$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towar		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		services for personal family or Taxes or penalties owed to gov		,
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable para		• ''''
Continuation to all employee benefit plants 11 0 0 0 3 007 (a)(0)		* Amounts are subject to adjust with respect to cases commend		
5 TOTAL AMOUNT OF CLAIM \$ 304,300 \$ AT TIME CASE FILED (unsecured)		, 300 \$ ecured)	( priority)	\$ 304, 300 (Total)
Check this box if claim includes interest or other charges in addition to the	•	•		, ,
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu	iments, su	ch as promissory notes purc	hase orders inv	oices itemized statements of
running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the d	agreements	and evidence of perfection	of lien DO NO	T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	, prevailing	Pacific time, on Novembe	r 13. 2006	THIS SPACE FOR COURT USE ONLY
governmental units)			u	-2 INN 13 24
BMC Group	BMC Grou			FILED JAN 13 20
		CM Claims Docketing Center Franklin Avenue		•
El Segundo CA 90245-0911	El Segund	o CA 90245		
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn		other person authorized to file		USA CMC
1-8-07	RIC			

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

FORM B10 (Official Form 10) (10/05)

TONW B10 (Official Politi 10) (10/05)				
United States Bankrupicy Court	Dı	STRICT OF NO	evada	PROOF OF CLAIM
Name of Dubtor	Case	Number		PROOF OF CLAIM
USA Commercial con	RAN	106-	-10725-4	BR
NOTE This form should not be used to make a claim for an adminis			er the commencemen	11
of the case. A request for payment of an administrative expense ma	y be filed	pursuant to 11	USC \$ 503	
		) I		
Name of Creditor (The person or other entity to whom the			e aware that anyone of of claim relating to	
Robert J YORNA Nancy R DAVES			copy of statement	
Trustees of the Davis YODER TRUST	giv	ing particulars	•	
Trustees of the Davis YOUER TRUS Name and address where notices should be sent Outed 2/16/00	Che		ive never received a	
Robert YOOER	noti		nkruptcy court in th	15
12201 Prosser Damkel	l F T		dress differs from the	e
12291 Prosser Dam Rd Tyckte La 96161 Telephone number 530-585-3313			lope sent to you by	THIS SEALL IS FOR COURT USE ONLY
	_	court		This state is for cooki osi osi
Last four digits of account or other number by which creditor identifies debtor			laces	Clad along dated
identifies debitor	11 tr	us claim am	nends a previously	filed claim dated
1 Basis for Claim		Retiree t	penefits as defined i	ın 11 U S C § 1114(a)
Goods sold				nsation (fill out below)
Services performed			r digits of your SS	
Money loaned Personal injury/wrongful death		Опрана	compensation for se	ervices performed
Δ		from		
Other See Exhio, T IT			(date)	(date)
2 Date debt was incurred	3	If court ruds	gment, date obtain	ted
2 Date debt was incurred 8/06/04			, ,	
4 Classification of Claim Check the appropriate box or boxes that	at best des	scribe vour claim	and state the amou	int of the claim at the time case tile
See reverse side for important explanations		Secured CI		and of the state of the state of the
Unsecured Nonpriority Claim & LINE 4 of ex A	-	17		
Check this box if a) there is no collateral or lien securing your	claim or	a right of set	this box if your clair	m is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c) nonly part of your claim is entitled to priority	ione or	1	•	
only part of your craffit is critical to priority	<del></del>		escription of Collat	
Unsecured Priority Claim			il Estate Moto	
Check this box if you have an unsecured claim all or part of w	hich is	Value o	of Collateral \$_6	1 n Known
entitled to priority		Amount of an	rearage and other cl	harges at time case filed included in
Amount entitled to priority \$		secured clain	n ifany \$	e 20FEXA
Specify the priority of the claim		Up to \$2.225*	of deposits toward r	purchase lease or rental of property
		or services for		household use - 11 U S C
Domestic support obligations under 11 U S C $\S$ 507(a)(1)(A) or $(1)(B)$		§ 507(a)(7)		
Wages colored or commissions (up to \$10,000) *d.		Taxes or penalt	ies owed to governing	mental umis - 11 USC § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debto	or's	Other Specify	applicable paragrap	ph of 11 USC § 507(a)()
business whichever is earlier 11 U'S C \ 507(a)(4)	*An	nounts are subje	ct to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC \ 507(a)	(5)	with respect to	cases commenced o	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	4n 4EXA	LN4EXA	L1 4 EXA
	44	(unsecured)	(secured)	(priority) (Total)
Check this box if claim includes interest or other charges in additional charges	tion to the	e principal amou	int of the claim Att	ach itemized statement of all
6 Credits The amount of all payments on this claim has been of	credited a	nd deducted for	the nurness of	
making this proof of claim	nedited at	nd deducted for	the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting document	nte such s	e promissory n	otee nurchaea	
orders invoices itemized statements of running accounts contract	ts court i	udgments more	gages, security	
agreements and evidence of perfection of lien DO NOT SEND	ORIGIN	IAL DOCUME	NTS If the	
documents are not available explain. If the documents are value	· · · · · · · · · · · · · · · · · · ·			ED JAN 11 2007
8 Date-Stamped Copy To receive an acknowledgment of the film	ng of you	claim enclose	a stamped self-	FED DAM II KOO,
as a second control of the proof of claim			1	
Date Sign and print the name and title if any, of the	e creditor	or other person	authorized to	
TAn file this claim (attach copy of power of attorn	ey, if any			USA CMC
8,2007 MM	10	uster	0	
100 your	J # 2	1 1171	•	1072502084

Case 06-10725-gwz Doc 8813	-3 En	tered 08/03/11 16:2	20:01 Page 4 of 12
	PRC	OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Nu	mber	Schedule/Claim ID s31250
USA Commercial Mortgage Company	06-107	25-LBR	Amount/Classification
, and the same of	***		\$43 207 07 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative examining after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If
DONNA M CANGELOSI FAMILY TRUST C/O DONNA M CANGELOSI TRUSTEE 5860 LAUSANNE DR RENO, NV 89511-5034	)00473	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below if the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed if you have already filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ( )	debier	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or if this claim amer	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation ( digits of your SS #	(fill out below) Other claims against servicer (not for loan balances)
Money loaned Other (describe bnefly)		ompensation for services pe	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that			
See reverse side for important explanations		SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) y	our claim	Check this box if ye	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of you	ır claım is	a right of setoff)	
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle U Other
entitled to priority		Value of Collateral	\$
Amount entitled to pnority \$  Specify the pnority of the claim		Amount of arrearage at secured claim if any	nd other charges <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days	_		r household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 USC § 507(a)(4)		,	vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Ц		agraph of 11 U S C § 507(a) ()
			stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$		\$	\$
(unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim. Attach ite	( pnority) (Total)
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain.	edited and d uments, suc agreement documents	leducted for the purpose of r ch as promissory notes, pur s, and evidence of perfection are voluminous attach a su	making this proof of claim chase orders invoices, itemized statements of n of lien DO NOT SEND ORIGINAL immary
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailin	g Pacific time, on Novemb	per 13, 2006 USE ONLY
governmental units) BY MALL TO	BY HAND	OR OVERNIGHT DELIVERY TO	
BMC Group Attn USACM Claims Docketing Center		CM Claims Docketing Cente	FILED JAN 16 2007
P O Box 911 El Segundo CA 90245-0911	1330 East	Franklin Avenue to, CA 90245	
DATE   SIGN and print the name and title, if any of the	e creditor or c		USA CMC
this claim (attach copy of power of attorn			4/ <b>4</b> 4/ 3 <b>4/ 4/ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 </b>
1/10/07 Strong My Clase	m_		1072502377

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

UNITED STATES SANKAUPTU/ COURT DISTRICT OF NEVADA	PRC	OF OF CLAIM		AIM IS SCHEDULED AS:
Name of Debtor:	Case Nu	mber:	Schedule/Claim fl	
USA Commercial Mortgage Company		25-LBR	Amount/Classifica	ation
OOA Commissional mortgage Company	00-107	AU-LUII	\$57,609.45 Unse	cured
NOTE: See Reverse for List of Debtors and Case Numbers.	- т			
This form should not be used to make a claim for an administrative exp		Check box if you are		
arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an	aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.		cted above constitute your claim as Debtor or pursuant to a filed claim. If
1132124000	03562	alatement giving particulars.	you agree with the	amounts set forth herein, and have no t the Debtor, you do not need to file
KEN WYATT ENTERPRISES INC		Check box if you have never received any notices		EXCEPT as stated below.
PO BOX 370400 LAS VEGAS, NV 89137-0400		from the bankruptcy court or		own above are listed as Contingent,
LAS VEGAS, NV 89137-0400	ľ	BMC Group in this case.	Unliquidated or D	isputed, a proof of claim must be
		Check box if this address differs from the address on the	if you have aire	eady filed a proof of claim with the
		envelope sent to you by the court.		or BMC, you do not need to file again.
Creditor Telephone Number ( ) 702 - 804 - 1832	dobtes	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	Jeptor:	Check here repla	a proviouely	filed claim dated:
5282		if this claim amer		
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	salaries, and compensation (	(fill out below)	Other claims against servicer
Services performed Taxes	_	digits of your SS #:		(not for loan balances)
Money loaned  Money loaned  Money loaned  MIREMITTED INTEREST	Unpaid co	ompensation for services pe	erformed from:	4/1/06 to 11/1/06
		NUDT HIDOLIEUS CASS	DTAILER	(date) (date)
2. DATE DEBT WAS INCURRED: 8/06/04 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that the second		OURT JUDGMENT, DATE O		e time case filed
See reverse side for important explanations.	Jose Geschild		or and organi at the	James egge meg.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM  Delta Check this box if vi	our claim is secu	red by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b) your exceeds the value of the property securing it, or if c) none or only part of your		a right of setoff).	our oralli is secu	ou by condition (molutility
entitled to priority.	GIGHT 19	Brief description of	collateral:	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other INTEREST
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral		
Amount entitled to priority \$			27,3	at time case filed included in
Specify the priority of the claim:		secured claim, if any:	\$ 4,822	QZ
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	ard purchase lease	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days		services for personal, family, o	r household use -1	1 U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para		
		<ul> <li>Amounts are subject to adjust with respect to cases comment</li> </ul>		
5. TOTAL AMOUNT OF CLAIM \$ \$ 6	3,860	5.73 \$		\$ 63,866.73
(unsecured)	(se	ecured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim. Attach ite	emized statement o	of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cred	dited and d	leducted for the purpose of r	making this proof	of claim.
7. SUPPORTING DOCUMENTS: Attach copies of supporting docu	<i>ments,</i> su	ch as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the d	agreement	s, and evidence of perfection	n of lien. DO NO	OT SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the		,	•	d envelope and copy of this
proof of claim.		, state a state pa	.,	
The original of this completed proof of claim form must be sent				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, c				USE ONLY
governmental units).	•			
BMC Group	BMC Grou			
1		CM Claims Docketing Cente Franklin Avenue	er	
		lo, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorned)		other person authorized to file		
11/02/06 K - + + 1 . 7				

## FORM B10 (Official Form 10) (10/05)

7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
UNITED STATES BANKRUPICY COURT	Dis	TRICT OF Nevada	- DDOOF OF CLAIM
Name of Debtor	Case	TRICT OF Nevada  Number REC	ETYEDTANDTILEOM
USA Commercial Mortgage Co	BK	-5-06-10725-6	BR
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative exp iy be filed	ense ansing after the commencer pursuant to 11 USC \$ 503	UG 15 ₱ 3 0b
Name of Creditor (The person or other entity to whom the debtor owes money or property)  Murshall O kubly & Kuthleen kubly  JT wes  Name and address where notices should be sent	you givi	ck hox if you are aware that anyone has filed a proof of claim relating to relating to relating to the copy of statement ng particulars	NIDIA GRAII CLERR
		ck box if you have never received an ces from the bankruptcy court in this	
Morshell & Kadhileen Kubly 4687 Brudterd Lyne Renc NV 84509 Telephone number 775-828-1972	add	ck box if the address differs from the ress on the envelope sent to you by court	THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here □ replaces is claim □ <sub>amends</sub> a previously f	iled claim dated
Basis for Claim  ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes		Retiree benefits as defined in Wages salaries and compen Last four digits of your SS # Unpaid compensation for se from	sation (fill out below) rvices performed
Other —————		(date)	(date)
2 Date debt was incurred  Ongular 8-6-04 extension	3	If court judgment, date obtained	ed
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$	vhich is	Secured Claim  Check this box if your claim a right of setoff)  Brief Description of Collate Real Estate	eral  r Vehicle  arges at time case filed included in  urchase lease or rental of property
(1)(1)(B)  Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \ 507(a)(4)  Contributions to an employee benefit plan 11 U S C \ 507(a)	n 180 🗆 or s * <i>Ai</i>	Taxes or penalties owed to governm Other Specify applicable paragrap mounts are subject to adjustment on a with respect to cases commenced or	sh of 11 USC § 507(a)()  1/1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed		Unknyma 60,000 =	
Check this box if claim includes interest or other charges in add interest or additional charges	dition to th	(unsecured) (secured) e principal amount of the claim Att	(priority) (Total) ach itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain if the documents are volu. 8 Date Stamped Copy. To receive an acknowledgment of the final addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of the file this claim (attach copy of power of attority).	eents such acts court ID ORIGI minous at lling of you the credito rney if an	as promissory notes purchase judgments mortgages security NAL DOCUMENTS If the tach a summary in claim enclose a stamped self or or other person authorized to y)	THIS SEACE IS FOR COURT USE ONLY
8/14/06 Hanshill D K.	ulu.	1	USA CMC

FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	And a second control of the second control o				
	DISTRICT OF RECEIVED FAIR OF THE				
Name of Debtor 115A Commercial					
Motage Company	TSK-5-06-10725-LBR AUG 14 P 12-2				
NOTH This form should not be used to make a claim for an adminis of the clisc. A request for payment of an administrative expense may	by be filed pursuant to 11 USC & 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property)  Has Lee	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement				
Hans Leer	giving particulars				
Name and address where notices should be sent  ZOZY Gastey Lane	Check box if you have never received any notices from the bankruptcy court in this case				
Carro Cty NV 89701 Telephone number	Check box if the address differs from the address on the envelope sent to you by the court  THIS STACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim amends a previously filed claim dated				
1 Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death	Retiree benefits as defined in 11 U S C § 1114(a)  Wages salaries and compensation (fill out below)  Last four digits of your SS =  Unpaid compensation for services performed  fromto				
☐ Taxes	(date) (date)				
	3 If court judgment, date obtained				
2 Date debt was incurred 8-30 2005	3 If court judgment, date obtained				
See reverse side for important explanations  Unsecured Nonpriority Claim \$ 29,552 36  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim	Secured Claim  Our claim or ) none or  Brief Description of Collateral  Real Estate Motor Vehicle  Value of Collateral  Value of Collateral				
Check this box if you have an unsecured claim all or part of entitled to priority	Amount of arrearage and other charges at time case filed included in secured claim if any \$				
Amount entitled to priority \$					
Specify the priority of the claim  Domestic support obligations under 11 USC § 507(a)(1)(A)	Up to \$2 225* of deposits toward purchase lease or rental of proper or services for personal family or household use 11 U S C (\$507(a)(7)				
(a)(1)(B)  Wages salaries or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the del business whichever is earlier 11 USC \ 507(a)(4)  Contributions to an employee benefit plan 11 USC \ 507	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafte				
5 Total Amount of Claim at Time Case Filed	\$29552 J6 29552 J6 29552 H				
	(unsecured) (secured) (priority) (Total) addition to the principal amount of the claim. Attach itemized statement of all				
6 Credits The amount of all payments on this claim has be making this proof of claim	een credited and deducted for the purpose of This Stact is for Court Usi Oni				
7 Supporting Documents Atlach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary.					
8 Date Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim	e filing of your claim enclose a stamped self-				
Date Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  HAUS FIETH Caroly of Lear  Caroly of Fieth  Caroly of Fieth					

Penalty for presenting randulent claim. Fine of up to \$500,000 or improvement for up to 5 years or both 18 USC \$\$ 152 and 3571

UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salaries or commissions (up to \$10 000)\*, samed within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5) 5 TOTAL AMOUNT OF CLAIM (Total) AT TIME CASE FILED (priority) (unsecured) (secured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary DATE-STAMPED COPY- To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and

governmental units) BY MAIL TO BMC Group

Attn USACM Claims Docketing Center

P O Box 911

El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO BMC Group

Attn USACM Claims Docketing Center

1330 East Franklin Avenue El Segundo, CA 90245

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

John in Luongs JOHN M Luongo

THIS SPACE FOR COURT **USE ONLY** 

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M,	UNITED STAT	ES BANKRUPTCY COUP RICT OF NEVADA		PRO	OOF OF CLAIM		AIM IS SCHEDULED AS
Nam	e of Debtor			Case Nu	mber	Schedule/Claim II	
l	ISA Commercial I	Mortgage Company		06-107	'25-LBR	Amount/Classifica	
İ						\$34 565 66 Unse	cured
This f arisin admir	orm should not be use g after the commencer histrative expense may	of Debtors and Case Numb d to make a claim for an adm ment of the case A "request" r be filed pursuant to 11 U S C	nınıstratıve exp " for payment		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		cted above constitute your claim as
Nam	MUSSO LIVING	TRUST DATED 11/30/92 IUSSO & BARBARA MUSSO ANYON RD	113212400	01767	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	you agree with the other claim agains this proof of claim if the amounts sh Unliquidated or D filed If you have alm	Debtor or pursuant to a filed claim If amounts set forth herein and have no to the Debtor you do not need to file EXCEPT as stated below sown above are listed as Contingent, preputed, a proof of claim must be beady filed a proof of claim with the or BMC you do not need to file again
Credi	tor Telephone Number	(80)5-595-21	23	-	envelope sent to you by the court		E IS FOR COURT USE ONLY
		r other number by which cred		debtor	Check here repla	<ul> <li>a previously</li> </ul>	filed claim dated
1 BA	SIS FOR CLAIM		П	Retiree b	penefits as defined in 11 U S		Unremitted principal
	Goods sold	Personal injury/wrongfu	ul death		salaries, and compensation		Other claims against service
	Services performed	Taxes		• .	digits of your SS #		(not for loan balances)
X	Money loaned	Other (describe briefly)	)	Unpaid o	compensation for services pe	erformed from	to
2 DA	TE DEBT WAS INCUF	RRED 8-6-04		2  E C	OURT JUDGMENT, DATE O	DTAINED	(date) (date)
		LAIM Check the appropriate bo	ox or boxes that				e time case filed
See	e reverse side for importan	t explanations			SECURED CLAIM		
		is no collateral or lien securing you			Check this box if you a right of setoff)	our claim is secu	red by collateral (including
	entitled to priority	roperty securing it or if c) none or	only part of you	r ciaim is	Brief description of	collateral	
	ECURED PRIORITY C				Real Estate	Motor Vehicle	e
	entitled to priority	an unsecured claim all or part of	which is		Value of Collateral	\$	
,	Amount entitled to priority	\$ 35,426.8	3		Amount of arrearage a secured claim, if any		at time case filed included in
1	Specify the priority of the cl	laım ıns under 11 U S C  § 507(a)(1)(A)	) or (a)(1)(B)	_			
	Wages salaries or commi	issions (up to \$10 000)* earned w	ithin 180 days	l	Up to \$2 225* of deposits towa services for personal family o		
		otcy petition or cessation of the det fier 11 U S C § 507(a)(4)	otor's		Taxes or penalties owed to go		
		vee benefit plan 11 USC § 507	'(a)(5)	لــا	Other Specify applicable para * Amounts are subject to adjus	• .	
			<del></del>		with respect to cases commen	ced on or after the	date of adjustment
	TAL AMOUNT OF CL ΓTIME CASE FILED	· · · · · · · · · · · · · · · · · · ·	\$_		<del></del>	426.83	\$ 35,426.83
	theck this box if claim inc	(unsecured) ludes interest or other charges i		•	ecured) amount of the claim Attach ite	( priority) mized statement o	(Total) of all interest or additional charges
7 St	JPPORTING DOCUI	of all payments on this claim  MENTS Attach copies of suites, court judgments, mortgate cuments are not available ex	<i>ipporting docu</i> ges, security a	<i>iments,</i> su agreement	ich as promissory notes, pur ts, and evidence of perfection	chase orders inv	voices itemized statements of
pr	oof of claim	PY To receive an acknowle					d envelope and copy of this
		npleted proof of claim form s actually received on or be					THIS SPACE FOR COURT USE ONLY
fo	r each person or entit overnmental units)	ty (including individuals, pa	artnerships, c	corporation	ons, joint ventures, trusts a	ind	
B	MAIL TO MC Group	alast as O		BMC Grou			Tiled Late 9/29/2006
	tn USACM Claims Doo O Box 911	cketing Center			.CM Claims Docketing Cente t Franklin Avenue	er	4/24/2006
EI	Segundo, CA 90245-0	<del></del>		El Seguno	do CA 90245	· · · · · · · · · · · · · · · · · · ·	
DATE	İ	SIGN and print the name and tr this claim (attach copy of	nower of attorne	ev if anyl	•		1104 0140
9-	25-06	Walle Russ 7	LUSTEE	WA	UTEN MUSED		USA CMC

Penalty for presenting fraud<del>ulent claim is</del> a fine of up to \$300,000 or imprisonment for up to 5 years or both 18 USC \$\$ 152 AND 3571

WSTEE BABAN MUSSOD

UNITED STATES BANKRÚPTCY COURT COULT DISTRICT OF NEVADA	PR	OOF OF CLAIM		
DISTRICT OF REVADA			YOUR CLA	AIM IS SCHEDULED AS
Name of Debtor	Case Nu	Case Number		s30898
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classificat	tion
	1		\$34 565 66 Unsec	
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>	L	UNIVER	25A2 HAWAJI
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment		Check box if you are aware that anyone else has	ļ	
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		ted above constitute your claim as
Name of Creditor and Address		statement giving particulars		ebtor or pursuant to a filed claim. If amounts set forth herein and have no
THE NOXON FAMILY TRUST	00106	Check box if you have	other claim against this proof of claim E	the Debtor you do not need to file EXCEPT as stated below
C/O ARTHUR G NOXON & JOAN NOXON TRUSTEES		never received any notices from the bankruptcy court or	]	own above are listed as Contingent
2657 WINDMILL PKWY # 197 HENDERSON NV 89074 3384		BMC Group in this case		sputed a proof of claim must be
		Check box if this address differs from the address on the		ady filed a proof of claim with the
		envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies	dobtor	Count	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or if this claim amer	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (	(fill out below)	Other claims against servicer
Services performed Taxes		r digits of your SS #		(not for loan balances)
☐ Money loaned ☐ Other (describe briefly) ☐ TRYST OLLO	Unpaid o	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCURRED JULY 28, 04	la IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) y	our claim	Check this box if yo	our claim is secur	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM	<del>_</del> -	Brief description of		<b>—</b>
Check this box if you have an unsecured claim all or part of which is		Real Estate		☐ Other
entitled to priority		Value of Collateral	· ———	
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage at secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225 of deposits towa	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000) earned within 180 days		services for personal family o	r household use 11	USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go		- · · · · ·
Contributions to an employee benefit plan 11 USC § 507(a)(5)	<u> </u>	Other Specify applicable para Amounts are subject to adjust	<del>-</del> '	•= .
	=	with respect to cases commen	ced on or after the d	
AT TIME CASE FILED	<u>35, 4</u>	<del>20,00</del> + <del>00,</del>	126,83	\$ 35,426.8 <del>3</del>
(unsecured)  Check this box if claim includes interest or other charges in addition to the	,	secured)	( priority)	(Total)
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>		• •	• .	
running accounts contracts court judgments mortgages security	agreemen	its and evidence of perfection	n of lien DO NO	T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the documents are not available explain. If the documents are not available explain. If the documents are not available explain.			•	t anyologo and copy of this
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The original of this completed proof of claim form must be ser				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,				USE ONLY
governmental units) BY MAIL TO	-	OR OVERNIGHT DELIVERY TO	ı	4 0 4446
BMC Group Attn USACM Claims Docketing Center	BMC Gro		. Ell et	NOV 0 8 2006
P O Box 911	1330 Eas	t Franklin Avenue	٠ ٢ الـت	
El Segundo CA 90245 0911  DATE SIGN and print the name and title if any of the		other person authorized to file		USA CMC
this claim (attach copy of power of attom	ey if any)	A ( A		
1/29/06 /data/1/hotas/	Loa	nU Hasen J	RVSHY	1072500972
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5	years or both 18USC §§ 15	2 AND 3571	

Case 06-10725-9W2 D06-8813-6	PKC	of of Claim	0:01 Page	12 01 12	0
Name of Deblor	Case Nu				
USA Commercial Mortgage Company	1	26-LBR			
NOTE: See Reverse for List of Disblors and Case Manbers. This form should not be used to make a claim for an administrative manufacting after the commencement of the case. A "request" for payment administrative expense may be filed purposent to 11 U.S.C. § 805.	pense of an	Check box If you are sware that anyone clas has flad a pasof of claim relating to your claim. Allach copy of	IF YOU ARE ONLY	rowed money by a i Seing Serviced by Y	ORNOWER
Heme of Creditor and Address:  WAYNE DOTSON Co. Peter Bogart,		Statement giving particulars  Check box if you have	OF CLAM. THIS	O MOT NAVE TO PILE / MOLUDES MONEY FRO D IN THE COLLECTION	A PROOF METHAT
3 Hidden Lake Court Aluffton S.C. 29910	, CEO	Allow reserved any notices them the beniruptay court or BAAC Group in this case	SECURED INTER	B PROOF OF CLAM PO BOT IN A BORROWER T	R A HAT IS NOT
		Check box if this address them the address on the control of the c	If you have alreading Court of	Sty fied a proof of claim of BMC, you do not need	to file again
Credity Tolerance Number (m) (843) 815-4656			THUS SPACE	LIE POR COURT UE	CONLY
UNIVERSAL HAWAII LLC		If this claim and		Ned claim dated:	
(I, MANUS FOR CLAM)  December of the property	Retiree b	enellis as defined in 11 U.I	B.C § 1114(a)	Unremitted princip	
Goods sold   Personal Injury/wrongful death   Services performed   Taxes   Other (describe treath)	Last four	elaries, and compensation digits of your 86 #:		Other claims again (not for loan belon	net servicer ses)
Guarantor: Trudy Davis	Ųrentė a	Transcention for each down in		to	-
a har dist incurred: 8/6/2004	1172	STAD THEMBOULTER	ORTANIO:	F (000) (de	<u>(40)</u>
A. CLASSIE ICATION OF CLASSIC Check the appropriate box of Sense Tra				s time case fled.	
See reverse side for important explanations.		ARCURED CLAM			
UNSECURED HONPRIORITY CLAME 8  Cheek this box it a) there is no colleteral or iten securing your distin, or b) esseeds the value of the property securing it, or if a) none or enty part of your distinct to priority.	your daim our daim is	e right of setoff)		id by colleteral (includi	ng
UNSECURED PRIORITY CLAM		Brief description of Real Estate	or collecteral.  Motor Vehicle	Other	
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Domestic support obligations under 11 U S.C. § 807(a)(1)(A) or (a)(1)(B)		Up to \$2,250" of deposits too services for personal, family,	ward purchase, lease	or rental of property or	
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Contributions to an employee benefit plan 11 U.S.C § 507(a)(5).		* Amounts are subject to adjude to adjude to adjude to appear and a subject to appear and a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to adjude to a subject to a sub	uniment on 41107 and	every 3 years thereafter	
A TOTAL AMOUNT OF CLAIM \$ 6,000.x2	50,000			- 56,000	
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Check this box if claim includes interest or other charges in addition to the					~ =
E. CREDITS: The amount of all payments on this claim has been area?  7 SUPPORTING DOCUMENTS: Attach coales of superclass does running accounts, contracts, court judgments, mortgages, security of DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain.	emante, su	ch as promissory notes, pu	rohese orders, invo	ices, itemized elsterna	nts of
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The original of this completed proof of distributions to com ACCEPTED) so that it is actually received on or before 6:66 pro- fer each person or eptity (including individuals, pertocratips, or	مثالميسي	a Bacilla time, an Naveri	har 13, 3006	THIS SPACE FOR USE ONLY	
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P O Box P11	1330 East	Franklin Avenue le. CA 90046			Ł
El Segundo, CA 90245-0911 DATS SIGN and print the name and tile, if any, of the	a valler or	other person extherined to			
Nov. 4 2006 this data (stach copy of power of attent wayne Dotson by Pet	mey, if any) er Boq	part, CFo	ansit	USA CM	
Penalty for presenting freudulant claim is a fine of up to \$500,000 or impresente	ent for up to t	Sympo, arboth. Idea.C. B	\$ 162 AND 3571	1072501273	